Effective October 1, 2003 10/776253													3
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN		OR		THAN ENTITY
TOTAL CLAIMS			21		·			RATE FEE		FEE	7	RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		• (			X\$ 9=			OR	X\$18=	18
INDEPENDENT CLAIMS			minus 3 =		*			X43=			1	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P					一一		$\dashv$	· · ·	OR	<u> </u>	_
* 11	the difference	e in column 1 is	less than z	ero, enter	"0" in (	column 2		+145=			OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II								TOTAL	L [		OR	TOTAL	<u> </u>
(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	A	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·21	Minus	- a	/	-/		X\$ 9=	1		OR	X\$18=	
	Independent	'			3	=/	Ī	X43=	1		OR	X86=	
		ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ı	+145=	T		OR	+290=	
							L	TOTA				TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FE	ΕL			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	_	=		X\$ 9=	1		OR	X\$18=	
	Independent	ATTATION OF MI	Minus	***	CL AIRA	=	Γ	X43=	Τ		OR	X86=	
. = 18	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=	
											OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)		ODIT. FEE	•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	Τ		OR	X\$18=	
	Independent	*	Minus	www.		=		X43=	t		.	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR		
• 75	* If the entry in column 1 is less than the intry in column 2, write "0" in column 3.								L		OR .	+290=	
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									· .	OR A	TOTAL DDIT. FEE	
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number (	found	f in the ap	ppro	priate box	in colu	mn 1.	

Application or Docket Number